

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Medical Response Inc Political Action Committee

ADDRESS (number and street) ▼

6200 S Syracuse Way, Suite 200

☐ Check if different than previously reported. (ACC)

Greenwood Village

CO

80111

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00389585

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr David Buckley

Signature of Treasurer

Mr David Buckley

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
12 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		78646.94
(b) Cash on Hand at Beginning of Reporting Period.....	94371.71	
(c) Total Receipts (from Line 19) .....	3065.07	35039.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97436.78	113686.78
7. Total Disbursements (from Line 31) .....	1000.00	17250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	96436.78	96436.78
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

To:

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2011			

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	2984.52	27348.50
(ii) Unitemized .....	80.55	7691.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	3065.07	35039.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3065.07	35039.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	3065.07	35039.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3065.07	35039.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	17250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	17250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	17250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3065.07	35039.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3065.07	35039.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Medical Response Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Robert Berschauer**

Mailing Address 9807 Taylor St E

City  
Edgewood

State  
WA

Zip Code  
98371-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response Ambulance Se

Occupation

Director Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364352027004**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Philip H. Moyer**

Mailing Address 37868 Green Mountain Street

City  
Sandy

State  
OR

Zip Code  
97055-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response Northwest, I

Occupation

Manager Operations I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364376327004**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Christopher Verkest**

Mailing Address 16574 SW Sidney Lane

City  
Sherwood

State  
OR

Zip Code  
97140-7920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response Northwest, I

Occupation

Specialist Clinical Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364395427004**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Medical Response Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald F. Dire-Day**

Mailing Address 8004 Kenton Lane S.E.

City  
Olympia

State  
WA

Zip Code  
98501-6884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response Ambulance Se

Occupation

Paramedic Basic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364405027004**

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Steve E. Scruggs**

Mailing Address 12748 Water Gap Rd.

City  
Williams

State  
OR

Zip Code  
97544-9532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response Northwest, I

Occupation

Paramedic Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364405227004**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Kurt W. Williams**

Mailing Address Po Box 420400

City  
San Diego

State  
CA

Zip Code  
92142-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response of Southern

Occupation

VP Senior Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364670727004**

Amount of Each Receipt this Period

173.07

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Medical Response Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dale R. Feldhauser**

Mailing Address 3580 Diamond Ridge NE

City State Zip Code  
Rockford MI 49341-7935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Paramed, Inc

Occupation

General Manager Oprns under 40MM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR1364814527004**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Valerie A. Gaither**

Mailing Address 834 Southeast Avenue

City State Zip Code  
Tallmadge OH 44278-2844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician's & Surgeon's Ambulance Serv

Occupation

VP Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR1364852327004**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Sean Piendel**

Mailing Address 84 Henry St.

City State Zip Code  
Manchester CT 06042-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response of Connectic

Occupation

General Manager Oprns under 40MM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2011

**Transaction ID : PR1364983327004**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

156.92



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Medical Response Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel W. O'Brien**

Mailing Address 1005 Dunbar Hill Rd

City

Hamden

State

CT

Zip Code

06514-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response of Connectic

Occupation

CEO - AMR Regional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364985227004**

Amount of Each Receipt this Period

125.00

P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Alfred Dellavalle**

Mailing Address 43 Oakwood Drive

City

North Haven

State

CT

Zip Code

06473-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response of Connectic

Occupation

VP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1364986327004**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

**c. John Eagle**

Mailing Address 267 Jennings Way

City

Mickleton

State

NJ

Zip Code

08056-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response Mid-Atlantic

Occupation

Director Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1365042527004**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

263.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Medical Response Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven J. Delahousey**

Mailing Address 2580 Rue Palafox

City

Biloxi

State

MS

Zip Code

39531-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mobile Medic Ambulance Service, Inc

Occupation

VP Emergency Preparedness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1365131527004**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. John J. Connolly**

Mailing Address 11166 Glenmoor Cir

City

Parker

State

CO

Zip Code

80138-3155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response of Colorado,

Occupation

VP PBS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1365143527004**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Debora Gault**

Mailing Address 5502 Northwest Highway

City

Waterford

State

WI

Zip Code

53185-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMS MGMT LLC

Occupation

VP Reimbursement (Federal)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : PR1365144227004**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ronald W. Thackery**

Mailing Address 9922 S. Silver Maple Rd.

City State Zip Code  
 Highlands Ranch CO 80129-5460

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Medical Response, Inc

Occupation  
 VP Senior Professional Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR1365144627004

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mark Kalevik**

Mailing Address 24764 E. Dry Creek Pl.

City State Zip Code  
 Aurora CO 80016-2581

FEC ID number of contributing federal political committee.

C

Name of Employer  
 EMS MGMT LLC

Occupation  
 Manager Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR1365146327004

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Gregg M. Chiasson**

Mailing Address 3858 Mallard Lane

City State Zip Code  
 Highlands Ranch CO 80126-2960

FEC ID number of contributing federal political committee.

C

Name of Employer  
 EMS MGMT LLC

Occupation  
 VP Client Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR1365147727004

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Medical Response Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven G. Murphy**

Mailing Address 100 S Birch Road # 901a

City

Fort Lauderdale

State

FL

Zip Code

33316-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMS MGMT LLC

Occupation

VP Senior Government & National Servic

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

12 / 31 / 2011

Transaction ID : PR1365147927004

Amount of Each Receipt this Period

288.45

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Randall L. Strozyk**

Mailing Address 9209 181st Ave E

City

Bonney Lake

State

WA

Zip Code

98391-7187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response Ambulance Se

Occupation

CEO - AASI / AMR Air

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

12 / 31 / 2011

Transaction ID : PR1365275527004

Amount of Each Receipt this Period

173.07

P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. David J. Buckley**

Mailing Address 10350 Dahlberg Rd

City

Franktown

State

CO

Zip Code

80116-8249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMS MGMT LLC

Occupation

Director Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 31 / 2011

Transaction ID : PR1365322027004

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Scott S. Bourn**

Mailing Address 10617 Stone Creek Ct.

City State Zip Code  
Parker CO 80134-2536

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Medical Response, Inc

Occupation  
VP Clinical Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR1365585327004

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Edward B Van Horne**

Mailing Address 4520 Alexandra Drive

City State Zip Code  
Colleyville TX 76034-4256

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Medical Response Ambulance Se

Occupation  
CEO - AMR Regional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR1365962827004

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mark E. Bruning**

Mailing Address 725 Forest View Way

City State Zip Code  
Monument CO 80132-8227

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Medical Response, Inc

Occupation  
President - AMR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3434.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2011

Transaction ID : PR1542685627004

Amount of Each Receipt this Period

576.90

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

769.20

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Tamara L. Billings**

Mailing Address 5810 Sw Candletree Dr #14

City State Zip Code  
 Topeka KS 66614-1848

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Medevac Medical Response, Inc.

Occupation  
 Project Manager Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR1542687527004

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. George White**

Mailing Address 10499 Cheetah Winds

City State Zip Code  
 Littleton CO 80124-9542

FEC ID number of contributing federal political committee.

C

Name of Employer  
 EMS MGMT LLC

Occupation  
 Director Business Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR2209934027004

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. George Matthew McCormick**

Mailing Address 326 Demun

City State Zip Code  
 Clayton MO 63105-2208

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Access2Care, LLC

Occupation  
 VP Commercial Managed Transportation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2011

Transaction ID : PR2243823827004

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

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TOTAL This Period (last page this line number only)..... ►

107.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Namon J Huddleston Jr.**

Mailing Address 3361 S. Elm St

City

Denver

State

CO

Zip Code

80222-7312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMS MGMT LLC

Occupation

Director Client Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR2270584527004

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Thomas R. Wagner**

Mailing Address 303 Peppertree Rd.

City

Walnut Creek

State

CA

Zip Code

94598-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Medical Response West

Occupation

CEO - AMR Regional

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

Transaction ID : PR2388846827004

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

2984.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Medical Response Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott Brown for US Senate Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2011

Mailing Address PO BOX 395

City	State	Zip Code
WRENTHAM	MA	02903

**Transaction ID : 34235971**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Scott Brown**Category/  
Type

1000.00

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA

District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00